

CLAIMS ONLY						Application Number 10/616259	Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51	
2							52	
3							53	
4							54	
5							55	
6							66	
7							57	
8							68	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
28							78	
29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep							Total Indep	
Total Depend							Total Depend	
Total Claims							Total Claims	

CLAIMS ONLY						Application Number 15/616359		Filing Date	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
101							151		
102							152		
103							153		
104							154		
105							155		
106							156		
107							157		
108							158		
109							159		
110							160		
111							161		
112							162		
113							163		
114							164		
115							165		
116							166		
117							167		
118							168		
119							169		
120							170		
121							171		
122							172		
123							173		
124							174		
125							175		
126							176		
127							177		
128							178		
129							179		
130							180		
131							181		
132							182		
133							183		
134							184		
135							185		
136							186		
137							187		
138							188		
139							189		
140							190		
141							191		
142							192		
143							193		
144							194		
145							195		
146							196		
147							197		
148							198		
149							199		
150							200		
Total Indep							Total Indep		
Total Depend							Total Depend		
Total Claims							Total Claims		

2 of 3

CLAIMS ONLY							Application Number		Filing Date		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments				
	Indep	Depend	Indep	Depend	Indep	Depend	*	Indep	Depend	Indep	Depend
201							2.51				
202							2.52				
203							2.53				
204							2.54				
205							2.55				
206							2.56				
207							2.57				
208							2.58				
209							2.59				
210							2.60				
211							2.61				
212							2.62				
213							2.63				
214							2.64				
215							2.65				
216							2.66				
217							2.67				
218							2.68				
219							2.69				
220							2.70				
221							2.71				
222							2.72				
223							2.73				
224							2.74				
225							2.75				
226							2.76				
227							2.77				
228							2.78				
229							2.79				
230							2.80				
231							2.81				
232							2.82				
233							2.83				
234							2.84				
235							2.85				
236							2.86				
237							2.87				
238							2.88				
239							2.89				
240							2.90				
241							2.91				
242							2.92				
243							2.93				
244							2.94				
245							2.95				
246							2.96				
247							2.97				
248							2.98				
249							2.99				
250							3.00				
Total Indep							Total Indep				
Total Depend							Total Depend	160			
Total Claims							Total Claims	161			